

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**DENTAL HYGIENIST or DENTAL HYGIENIST
WITH LOCAL ANESTHESIA PERMIT**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit an official transcript from a dental hygiene school accredited by the Commission on Dental Accreditation of the ADA, which includes your date of graduation and degree earned.

If you graduated from a dental hygiene school located outside of the United States, submit a report from the International Credentialing Associates, Inc. documenting that your school met the standards for accreditation by the Commission on Dental Accreditation of the ADA at the time you graduated.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit an official passing score report on the National Board Examination as administered

by the Joint Commission on National Dental Examinations of the ADA, unless you are applying by endorsement and were originally licensed before 1962.

3. Submit an official score report or a duplicate certificate from WREB, NERB, SRTA, or CRDTS verifying your having passed a regional practical examination.
4. Using the “Request for Verification of License” form (attached to this application), obtain verification of licensure from a state in which you are currently licensed as a dental hygienist. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.
5. Submit a **\$60.00** non-refundable application-processing fee, made payable to “DOPL.”
6. If you are applying by endorsement, additionally submit the following:
 - A. Documentation that you are currently licensed in another state.
 - B. Documentation that you have successfully engaged in practice as a dental hygienist for not less than 2,000 hours in the last two years.
 - C. Documentation of passing a state administered examination if you were licensed in another state prior to 1962 (in lieu of National Board Examination results).
 - D. Documentation of passing a state examination if you were licensed in another state prior to 1979 (in lieu of a regional practical examination).
7. If you are applying for a Local Anesthesia Permit, additionally submit the following:
 - A. An official letter from your anesthesia course director documenting your successful completion of a program of training in the administration of local anesthetics accredited by the Commission on Dental Accreditation of the ADA.
 - B. Official verification of your passing score on the WREB Anesthesia Examination.

OR

Documentation of having a current, active license to administer local anesthesia in another state.

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a dental hygienist. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Dentist and Dental Hygienist Practice Act
 - ❑ Dentist and Dental Hygienist Practice Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Practical Examinations:** For registration and fee information or to request a duplicate certificate, contact the appropriate testing agency below.
 - ❑ **WREB:** Western Regional Examining Board, 9201 N25th Avenue, #183, Phoenix, AZ, 85021, (602) 944-3315
 - ❑ **NERB:** Northeast Regional Board of Dental Examiners, Inc., 8484 Georgia Ave., #900, Silver Spring, MD, 20910, (301) 563-3300
 - ❑ **SRTA:** Southern Regional Testing Agency, Inc., 303-34th Street, Ste 7, Virginia Beach, VA, 23451, (757) 428-1003
 - ❑ **CRDTS:** Central Regional Dental Testing Service, Inc., 1725 Gage Blvd, Topeka, KS, 66604, (785) 273-0380
4. **National Board Examination:** Contact the Joint Commission on National Dental Examinations at 211 East Chicago Avenue, Suite 1846, Chicago, Illinois, 60611, (312) 440-2500.
5. **Foreign Trained Dental Hygienist:** Your foreign school must be American Dental Association (ADA) accredited. For questions about ADA accreditation contact: International Credentialing Associates, Inc. at 7245 Bryan Dairy Road, Bryan Dairy Business Park II, Largo, FL 33777, (727) 549-8555.
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **License Renewal:** All dental hygiene licenses expire May 31 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing

fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

8. **Continuing Education:** In order to renew your license you must complete at least 30 hours of qualified continuing education.
9. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
10. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
11. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License(s) Applying For: ☐ Dental Hygienist License
☐ Dental Hygienist License with Local Anesthesia Permit

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-Mail: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a dental hygienist in the state of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

DENTAL HYGIENE SCHOOL: (Use additional sheets if necessary.)

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ National Boards, Date(s) Taken: ____/____/____

_____ Western Regional Examination, Date(s) Taken: ____/____/____

_____ Northeast Regional Board Examination, Date(s) Taken: ____/____/____

_____ Southern Regional Testing Agency Exam, Date(s) Taken: ____/____/____

_____ Central Regional Dental Testing Service Exam, Date(s) Taken: ____/____/____

_____ State Exam, State _____ Date(s) Taken: ____/____/____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. (Use additional sheets if necessary.)

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ____/____/____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ____/____/____

IF APPLYING FOR LOCAL ANESTHESIA PERMIT:

Local Anesthesia Course Name: _____

School Where Taken: _____ Date Completed: ____/____/____

RECORD OF EMPLOYMENT AS A DENTAL HYGIENIST (if applying by endorsement):

Please list your dental hygiene work experience for the past 2 years. (*Use additional sheets if necessary.*)

1. Employer: _____ Phone: _____

Address: _____

Dates of Employment: from ____/____/____ to ____/____/____ Contact Person: _____

Position and Duties: _____

2. Employer: _____ Phone: _____

Address: _____

Dates of Employment: from ____/____/____ to ____/____/____ Contact Person: _____

Position and Duties: _____

3. Employer: _____ Phone: _____

Address: _____

Dates of Employment: from ____/____/____ to ____/____/____ Contact Person: _____

Position and Duties: _____

4. Employer: _____ Phone: _____

Address: _____

Dates of Employment: from ____/____/____ to ____/____/____ Contact Person: _____

Position and Duties: _____

DENTAL HYGIENIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

11. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
15. _____ Have you been named as a defendant in a malpractice suit?
16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Have you ever been terminated from a position because of drug use or abuse?
22. Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
- 23.

(Continued on the next page.)

23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
24. _____ Do you currently have any criminal action pending?
25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah. If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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(FOR TWO-SIDED PRINTING)

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

(Continued on the next page.)

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: _____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, From What State _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ____/____/____

(SEAL)